



Meal Modifications in School Meal Programs

Date: February 5, 2018

Time: 2:00-3:00pm CST

Presented by:

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Objectives



Define common terminology



Identify federal laws and policies and recent changes



Discuss the “Request for Meal Accommodation” and “Medical Statement” forms



Explore various meal modification requests

Why Meal Modifications?

- Feed students nutritious, well-balanced meals
- Keep students safe
- “Provide an equal opportunity [for students] to participate in the School Meal Programs” SP 26-2017

USDA Policies & Memos

SP 59-2016:

Policy Memorandum on Modifications to Accommodate Disabilities in the School Meal Programs



USDA Policies & Memos

SP 26-2017:

Accommodating Disabilities in the School Meal Programs: Guidance and Questions and Answers (Q&As)



USDA Policies & Memos

Accommodating Children with Disabilities in the School Meal Programs: Guidance for School Food Service Professionals (July 25, 2017)



Important Updates

- SFAs to notify families of the process for requesting meal modifications
- Expanded definition of disability
 - Impairments no longer have to be “life-threatening”



Common Terminology

- Disability
- Food Intolerance
- Food Allergy
- Celiac Disease
- State Licensed Health Care Professional



Disability

- “A physical or mental impairment that substantially limits one or more major life activities.”
- Expanded definition

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Guidance for School Food Service Professionals*



Disability

Major life activities may include:

- May impact the ability to:
 - Care for oneself
 - See
 - Hear
 - Eat
 - Sleep
 - Walk
 - Stand
 - Lift
 - Bend
 - Speak
 - Breathe
 - Learn
 - Read
 - Concentrate
 - Think
 - Communicate
 - Work
- May impact major bodily functions:
 - Immune system
 - Normal cell growth
 - Digestive
 - Bowel
 - Bladder
 - Neurological
 - Brain
 - Respiratory
 - Circulatory
 - Endocrine
 - Reproductive functions

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Food Intolerance

- “An abnormal response to a component of a food that does not involve an immune system reaction”
- Gluten & lactose intolerances are common

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Food Allergy

- “An immune system reaction to a component of a food, at times, producing a life-threatening response.”

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Food Allergy

- The Big 8 (and their derivatives)
 - Peanuts
 - Tree nuts (walnut, almond, pecans, cashews, etc.)
 - Milk
 - Eggs
 - Wheat
 - Soy
 - Fish (tuna, carp, salmon, cod, etc.)
 - Shellfish (shrimp, crab, lobster, etc.)



Food Allergy

- Common Allergic Reactions
 - Hives, itching, or skin rash
 - Swelling of lips, face, tongue, or throat
 - Wheezing, nasal congestion, or trouble breathing
 - Abdominal pain, diarrhea, nausea, or vomiting
 - Dizziness, lightheadedness, or fainting

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Food Allergy

- Preventing Allergic Reactions
 - Understand each student's diet request
 - Standardize recipes
 - Avoid cross-contamination
 - Be willing to work with others
 - Read nutrition facts label
- National Food Service Management Institute
 - Fact Sheets
 - <http://nfsmi.org/documentlibraryfiles/pdf/20100505094118.pdf>



Celiac Disease

- “Immune reaction from gluten that occurs in the small intestine, causing abdominal pain, bloating or diarrhea.”
- Gluten can be found in wheat, barley, and rye

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State Licensed Health Care Professional

- “An individual who is authorized to write medical prescriptions under State law.
- May include:
 - Physician (MD or DO)
 - Physician’s Assistant (PA)
 - Advanced Practice Registered Nurse–Nurse Practitioner (APRN-NP)
 - Chiropractor
 - Licensed Medical Nutrition Therapist (LMNT) that is working with a licensed physician

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Meal Modification Forms

Request for Meal Accommodation

Request for Meal Accommodation

This form may be used to request meal modifications for students who have a physical or medical impairment and participate in the National School Lunch & School Breakfast Programs. The district will work collaboratively with parents to ensure equal opportunity to participate in the School Meal Programs and receive program benefits. However, if the district is unable to accommodate your student's request within the meal pattern requirements; a Medical Statement completed by a State licensed Medical Professional will be needed (SP 59-2016).

Parent/Guardian:

Completing the Request for Meal Accommodation form helps the school provide meal modifications within the meal pattern requirements for students with a mental or physical impairment. Your participation in this process is very important and communication with the school team allows for advanced planning and preparation needed to provide the accommodation. The district is not required to provide a specific substitution (such as a particular brand name), but offer a reasonable modification that effectively accommodates your child's needs.

Name of Child:	Date of Birth:	
Name of Parent/Guardian:	Telephone:	
Address:	City:	State/Zip:
Email Address:	School Building Child Attends:	Grade:
Specify any dietary restrictions or special instructions for meals:		
Describe the student's physical or mental impairment:		
IMPORTANT: The only fluid cow's milk substitutions allowed by USDA are (1) Lactose-free fluid cow's milk or (2) a non-dairy beverage with a nutrient profile equivalent to fluid cow's milk as specified in federal regulations. To see the non-dairy beverages that meet this requirement visit https://www.education.ne.gov/forms/nsiforms/SEDistMilkSub.pdf		

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individual who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877- 8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#) (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov

This institution is an equal opportunity provider.

Internal Use - School Information
Return to: _____
Phone number: _____
Date form received by school: _____
Follow-up: _____

Medical Statement

MEDICAL STATEMENT

Parent/Guardian: You have requested a meal accommodation for your child that cannot be achieved within the federal meal pattern requirements for school meals (SP 59-2016). Therefore, in order to meet your child's needs, this form must be completed and returned to the school. The form must be completed by a State Licensed Health Care Professional (Physician (MD or DO), Physician's Assistant (PA), Advance Practice Registered Nurse-Nurse Practitioner (APRN-NP), or Chiropractor. A Licensed Medical Nutrition Therapist (LMNT) may also complete and sign when acting under the consultation of the licensed physician.

Name of Child:	Date of Birth:	
Name of Parent/Guardian:	Telephone:	
Address:	City:	State/Zip:
Email Address:	School Building Child Attends:	Grade:
Description of student's physical or mental impairment that restricts the diet:		
Specify any dietary restrictions or special instructions for meals:		
If applicable, list foods to omit:	If applicable, list foods to substitute:	
Texture Modifications:	Thickness Modifications:	
Signature of State Licensed Health Care Professional:	Name of referring physician working with LMNT (if applicable):	
Printed Name and Title:	Phone Number:	Date:

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Nutrition Services
Revised: January 2018

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Texture Modifications:	Thickness Modifications:	
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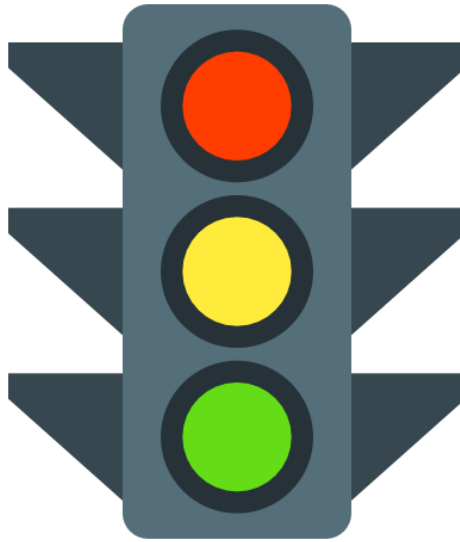
Follow-up: _____

Assess on a case-by-case basis.



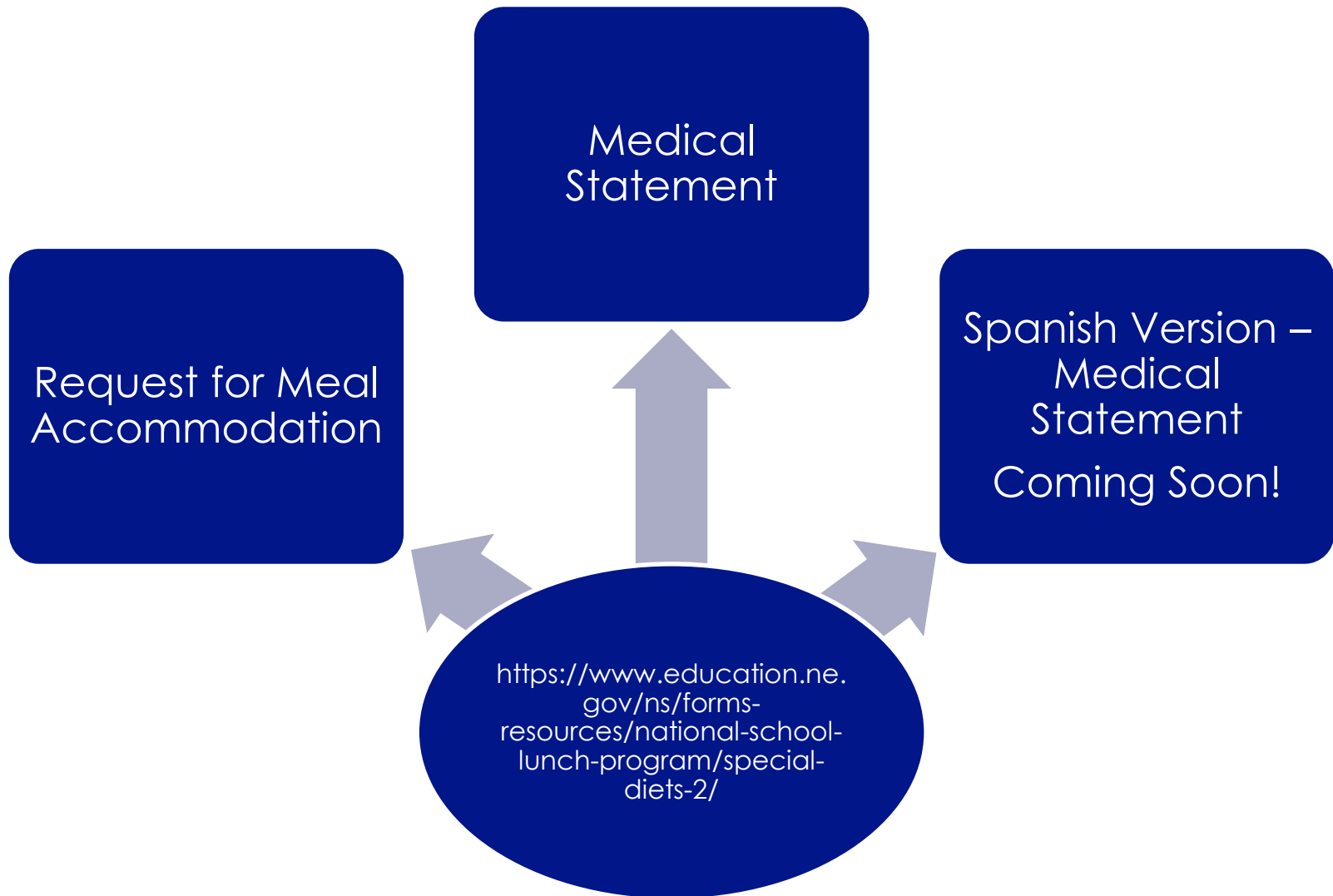
BY





DO NOT DELAY

Download Forms



Record Retention

- Current student
 - Entirety of time spent at school district
 - Follow-up at least once a year
- No longer needing modifications
 - 3 years plus the current year



Meal Reimbursement

- SFAs can receive reimbursement for...
 - Modifications within meal pattern
 - Modifications outside of meal pattern supported by a Medical Statement



Offer Versus Serve

- Students CANNOT be asked to exclude a food component
- Students must be able to select all food components
 - SFA MUST offer appropriate substitutions



Situational Requests

- Each request will be unique to the student
- Meal modification requests cover a wide spectrum of scenarios



Peanut Allergies

- Peanut ~safe~ table
 - Students not allowed to have peanuts or derivatives at this table
- Peanut ~safe~ school
 - Students not allowed to have peanuts or derivatives across the entire school



Portion Sizes

- Requesting portions less than or more than minimum requirements
- Requires “Medical Statement”
- No additional reimbursement for SFA to cover added costs



Brand Name

- Specific brand names may be requested
- Requires “Medical Statement”
- Clarify request with the family
- Generic brand may be sufficient



Preferences

- Requests may be based on cultural, religious, or ethnic preferences
- Not a requirement to accommodate
- Accommodating may help with participation
- Modifications must fall within meal pattern



Milk

- Most common modification
 - May be:
 - A preference
 - Not required to accommodate
 - Or medically necessary
 - Required to accommodate
 - Medical Statement may be necessary



Milk

Fluid Milk Substitute Nutrient Requirements	
Nutrient	Per cup (8 fl. oz.)
Calcium	276 mg.
Protein	8 g.
Vitamin A	500 IU.
Vitamin D	100 IU.
Magnesium	24 mg.
Phosphorus	222 mg.
Potassium	349 mg.
Riboflavin	0.44 mg.
Vitamin B-12	1.1 mcg.

- Milk alternate must be nutritionally equivalent to cow's milk
 - Unless Medical Statement deems otherwise
- Water and juice are not acceptable substitutes

A large, light gray circular graphic containing a stylized white fork and knife, positioned vertically with the handles at the bottom and the heads at the top.

Meal Modification Scenarios!

Example #1

A parent calls and requests a gluten-free diet.

Do you encourage the parent to complete a “Request for Meal Accommodation” or “Medical Statement” form?

➤ Request for Meal Accom.



☒ Medical Statement

Example #2

Is an SFA required to make meal modifications for food preferences rather than for a physical or mental impairment?

➤ Yes



☒ No

Example #3

A student no longer requires modified meals outside the Program meal pattern.

Must an SFA obtain an amended medical statement prior to ending the student's meal modification?

➤ Yes



☒ No



Wrapping Up

- Meal modifications are important for students' health and safety
- Federal laws help determine how SFAs accommodate
 - “Request for Meal Accommodation”
 - “Medical Statement”
- Many different modifications may be requested
 - Each request should be individualized

Resources

- **SP 59-2016: Policy Memorandum on Modifications to Accommodate Disabilities in the School Meal Programs**
 - <https://fns-prod.azureedge.net/sites/default/files/cn/SP59-2016os.pdf>
- **SP 26-2017: Accommodating Disabilities in the School Meal Programs: Guidance and Questions and Answers (Q&As)**
 - <https://fns-prod.azureedge.net/sites/default/files/cn/SP26-2017os.pdf>
- **Accommodating Children with Disabilities in the School Meal Programs: Guidance for School Food Service Professionals**
 - <https://fns-prod.azureedge.net/sites/default/files/cn/SP40-2017a1.pdf>
 - Links for additional resources can be found at the end of this guidance manual.
- All images in this presentation can be found on Pickit.

Resources

- Would you like more training?
 - Check out Moodle!
 - <https://moodle.education.ne.gov/course/index.php?categoryid=15>
 - Thanks Team Nutrition!

Questions?

- Call Nutrition Services
 - Direct line: 402-471-2488
 - Toll Free (Nebraska): 800-731-2233
- Visit Nutrition Services webpage
 - <https://www.education.ne.gov/ns/forms-resources/national-school-lunch-program/special-diets/>

FAQ Sheet - Coming Soon!

